

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

ADDRESS (number and street)

7000 CARDINAL PLACE

☐Check if different  
than previously  
reported. (ACC)

DUBLIN

OH

43017

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00332833

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2010

through

04

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ronald S. Siemiontkowski

Signature of Treasurer

Electronically Filed by Ronald S. Siemiontkowski

Date

05

11

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 30

Write or Type Committee Name

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2010</span>		216351.64
(b) Cash on Hand at Beginning of Reporting Period .....	223659.89	
(c) Total Receipts (from Line 19) .....	11955.63	45239.88
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	235615.52	261591.52
7. Total Disbursements (from Line 31) .....	29000.00	54976.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	206615.52	206615.52
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

3 / 30

Write or Type Committee Name

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	4	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	8180.42	26187.34
(ii) Unitemized .....	3766.81	19020.75
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	11947.23	45208.09
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	11947.23	45208.09
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	8.40	31.79
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	11955.63	45239.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	11955.63	45239.88

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	676.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	676.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22000.00	39000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	7000.00	15300.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	29000.00	54976.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29000.00	54976.00	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 30

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	11947.23	45208.09
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11947.23	45208.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	676.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	676.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Cassandra Baker

Mailing Address 1751 Barrington Rd

City

Upper Arlington

State

OH

Zip Code

43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Govt Relations Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95981

Amount of Each Receipt this Period

121.70

Receipt

Payroll Deduction: (60.85-  
/Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

James Barker

Mailing Address 2761 Skelton Ln

City

Blacklick

State

OH

Zip Code

43004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Strategic Sourcing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.84

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95921

Amount of Each Receipt this Period

53.96

Receipt

Payroll Deduction: (26.98-  
/Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

George Barrett

Mailing Address 1038 Mill Rd Circle

City

Rydal

State

PA

Zip Code

19046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Chairman/ceo, Cardinal Health

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95881

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

560.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Lois Barrett

Mailing Address 2934 Central St #3e

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Sales Operations Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95941

Amount of Each Receipt this Period

76.00

Receipt

Payroll Deduction: (38.00-  
/Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mary Baxter

Mailing Address 9601 St Regis Terr

City

Richmond

State

VA

Zip Code

23236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Pharmacy Operations Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95936

Amount of Each Receipt this Period

76.00

Receipt

Payroll Deduction: (38.00-  
/Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Johnni Beckel

Mailing Address 3680 Nicoya Court  
Court

City

Lewis Center

State

OH

Zip Code

43035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Hr Business Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95831

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

352.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Laurel Beeler

Mailing Address 1723 Eagle Trl

City

Oxford

State

MI

Zip Code

48371

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Dir, Sales Training Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95917

Amount of Each Receipt this Period

50.00

Receipt

Payroll Deduction: (25.00-  
/Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Shelley Bird

Mailing Address 7998 Caraway Ave

City

Dublin

State

OH

Zip Code

43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Evp, Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95829

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mark Blake

Mailing Address 2226 Bryden Road

City

Columbus

State

OH

Zip Code

43209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Evp, Strategy & Corp Devel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95882

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

634.60

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Terry Burnside

Mailing Address 6202 Wealthy Lane

City

Dublin

State

OH

Zip Code

43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Gm Medicine Shoppe

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95978

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Gary Cacciatore

Mailing Address 3810 Loch Glen Ct

City

Houston

State

TX

Zip Code

77059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Regulatory (atty)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.56

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95930

Amount of Each Receipt this Period

68.64

Receipt

Payroll Deduction: (34.32-  
/Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Anthony Caprio

Mailing Address 6 Cottage Lane

City

Marlboro

State

NJ

Zip Code

07746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Evp, Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95830

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

368.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Charles Cobb

Mailing Address 2948 S. Colonial St.

City

Gilbert

State

AZ

Zip Code

85295

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Account (strat Accts Ips)

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95946

Amount of Each Receipt this Period

76.00

Receipt

Payroll Deduction: (38.00-  
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Jack Coffey

Mailing Address 200 Bay Shore Drive

City

Rockwood

State

TN

Zip Code

37854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Qra

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95834

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Craig Cowman

Mailing Address 6851 Killilea Drive

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Product Management

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95970

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

376.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Sally Curley

Mailing Address 9035 Esin Court

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Investor Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	0

Transaction ID: 00408.C95984

Amount of Each Receipt this Period

150.00

Receipt

Payroll Deduction: (75.00-  
/Bi-Weekly)**B.**

Full Name (Last, First, Middle Initial)

Ted Dibiase

Mailing Address 4954 Rosegate Court  
Island Drive

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Hr Business Partners

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	0

Transaction ID: 00408.C95982

Amount of Each Receipt this Period

122.40

Receipt

Payroll Deduction: (61.20-  
/Bi-Weekly)**C.**

Full Name (Last, First, Middle Initial)

Stephen Falk

Mailing Address 2480 Sandover Rd

City

Columbus

State

OH

Zip Code

43220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Evp &amp; General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	0

Transaction ID: 00408.C95832

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

472.40

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Joshua Gaines

Mailing Address 5721 Clover Lane  
Drive

City State Zip Code  
Westerville OH 43081

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cardinal Health, Inc

Occupation  
Svp, Assoc General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95922

Amount of Each Receipt this Period

58.00

Receipt

Payroll Deduction: (29.00-  
/Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Robert Giacalone

Mailing Address 7471 Balfoure Circle

City State Zip Code  
Dublin OH 43017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cardinal Health, Inc

Occupation  
Svp, Reg Affairs/chf Reg Cnsl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.08

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95974

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

David Goldsberry

Mailing Address 321 St Andrews Ln

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cardinal Health, Inc

Occupation  
Vp, Direct Sales Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95942

Amount of Each Receipt this Period

76.00

Receipt

Payroll Deduction: (38.00-  
/Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

234.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

David Gonzales

Mailing Address 384 Colorado Drive

City

Cedar Creek

State

TX

Zip Code

78612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Dir, State Govt Relations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95976

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Carolyn Grant

Mailing Address 6869 Meadow Glen Dr

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Dir, Fed Govt Relations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95940

Amount of Each Receipt this Period

76.00

Receipt

Payroll Deduction: (38.00-  
/Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Troy Hanson

Mailing Address 5622 Dorsey Drive

City

Columbus

State

OH

Zip Code

43235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Dir, Mktg & Product Mgmt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95915

Amount of Each Receipt this Period

50.00

Receipt

Payroll Deduction: (25.00-  
/Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

226.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Richard Heard

Mailing Address 8106 Bulrush Canyon Trail  
Trail

City State Zip Code  
Katy TX 77494

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cardinal Health, Inc

Occupation  
Vp, Direct Sales Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95918

Amount of Each Receipt this Period

50.00

Receipt

Payroll Deduction: (25.00-  
/Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Stephen Inacker

Mailing Address 1490 S Ridge Road

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cardinal Health, Inc

Occupation  
Pres, Medical Channel Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.80

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95931

Amount of Each Receipt this Period

70.20

Receipt

Payroll Deduction: (35.10-  
/Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Stephen Johnson

Mailing Address 221 W Lancaster Ave # 2012  
# 2012

City State Zip Code  
Fort Worth TX 76102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cardinal Health, Inc

Occupation  
Vp, Strategic Plng/execution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.24

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95928

Amount of Each Receipt this Period

63.56

Receipt

Payroll Deduction: (31.78-  
/Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

183.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael Kaufmann

Mailing Address 7160 Temperance Point St  
Point St

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cardinal Health, Inc

Occupation  
Ceo, Pharmaceutical Segment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95884

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Michael Kennedy

Mailing Address 4783 Vista Ridge Dr

City State Zip Code  
Dublin OH 43017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cardinal Health, Inc

Occupation  
Svp, Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

802.40

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95836

Amount of Each Receipt this Period

200.60

Receipt

Payroll Deduction: (100.3-  
0/Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Margaret Lavallo

Mailing Address 9410 Culross Ct

City State Zip Code  
Dublin OH 43017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cardinal Health, Inc

Occupation  
Svp, Hr Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95972

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

685.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

David Lawrence

Mailing Address 326 Vinwood Lane

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Strategic PIng/execution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95975

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Steve Lawrence

Mailing Address 4868 Carrigan Ridge

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Retail Independent Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95835

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Linda Lockyer

Mailing Address 1133 Noe Street

City

San Francisco

State

CA

Zip Code

94114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Account (strat Accts Ips)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95943

Amount of Each Receipt this Period

76.00

Receipt

Payroll Deduction: (38.00-  
/Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

376.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael Lynch

Mailing Address 550 E Rosemary

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Ceo, Medical Segment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95885

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Donna Mann

Mailing Address 6666 Mcvey Blvd

City

West Worthington

State

OH

Zip Code

43235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Dir, Hr Service Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.32

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95920

Amount of Each Receipt this Period

51.58

Receipt

Payroll Deduction: (25.79-  
/Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Michael Marusa

Mailing Address 38 Alpine Circle

City

Sandy Hook

State

CT

Zip Code

06482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Direct Sales Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95932

Amount of Each Receipt this Period

76.00

Receipt

Payroll Deduction: (38.00-  
/Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

512.18

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Jessica Mayer

Mailing Address 4852 Carrigan Ridge

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Bus Mgmt (atty)

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95926

Amount of Each Receipt this Period

60.00

Receipt

Payroll Deduction: (30.00-  
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Lindy Mclean

Mailing Address 7272 Black Abbey Ct

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Sr CnsIt, Account

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

273.76

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95929

Amount of Each Receipt this Period

68.44

Receipt

Payroll Deduction: (34.22-  
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Steven Merkin

Mailing Address 1481 Country Ln

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Hr Bus Partner Medical

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95959

Amount of Each Receipt this Period

80.00

Receipt

Payroll Deduction: (40.00-  
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

208.44

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Craig Morford

Mailing Address 5565 Lake Shore Ave,

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Chief Compliance/legal Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95883

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Patricia Morrison

Mailing Address 55 East Erie  
#3801

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Evp, Cio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95971

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Marc Mullen

Mailing Address 1650 Sherborne Lane

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Gm Presource

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95977

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

584.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Frederick Nelson

Mailing Address 7303 Deacon Court

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Op Excellence - Bb Prgm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.80

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95960

Amount of Each Receipt this Period

81.20

Receipt

Payroll Deduction: (40.60-  
/Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Thomas Perrine

Mailing Address 7249 Landon Lane

City

New Albany

State

OH

Zip Code

43054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Medical Segment It

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95973

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Carl Peterson

Mailing Address 2812 Parkhaven Dr

City

Flower Mound

State

TX

Zip Code

75022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Account (health Systems)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95948

Amount of Each Receipt this Period

76.00

Receipt

Payroll Deduction: (38.00-  
/Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

257.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

George Plava

Mailing Address 3526 Pembroke Dr

City

Richmond

State

TX

Zip Code

77469

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Sourcing Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553.84

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95983

Amount of Each Receipt this Period

138.46

Receipt

Payroll Deduction: (69.23-  
/Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

John Rademacher

Mailing Address 5006 Rosalind Lane

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

President, Gm Spec & Nps

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95833

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

William Rampy

Mailing Address 103 Foxglove Ln

City

Bentonville

State

AR

Zip Code

72712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Mktg & Product Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.12

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95979

Amount of Each Receipt this Period

104.78

Receipt

Payroll Deduction: (52.39-  
/Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

443.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Cynthia Rhomberg

Mailing Address 9379 Redan Court

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Marketing Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95939

Amount of Each Receipt this Period

76.00

Receipt

Payroll Deduction: (38.00-  
/Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Daniel Robinson

Mailing Address 8124 Crooked Oaks Ct

City

Gainesville

State

VA

Zip Code

20155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Pharmacy Operations Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95944

Amount of Each Receipt this Period

76.00

Receipt

Payroll Deduction: (38.00-  
/Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ernest Rogers

Mailing Address 105 Rhinestone Court

City

Elizabethtown

State

KY

Zip Code

42701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Customer Service Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95945

Amount of Each Receipt this Period

76.00

Receipt

Payroll Deduction: (38.00-  
/Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

228.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Mark Rosenbaum

Mailing Address 6565 Lockhart Lane

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Chief Customer Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95887

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Cindy Roser

Mailing Address 5090 Pk Brooke Wkwy

City

Alpharetta

State

GA

Zip Code

30022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Strategic Acnts/hlth Sys

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95969

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Annlea Rumfola

Mailing Address 8314 Davington Dr

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, App Design & Devel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95933

Amount of Each Receipt this Period

76.00

Receipt

Payroll Deduction: (38.00-  
/Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

560.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Peter Stoy

Mailing Address 1955 Enclave Drive

City

Mt Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Territory Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95938

Amount of Each Receipt this Period

76.00

Receipt

Payroll Deduction: (38.00-  
/Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Robert Summers

Mailing Address 146 Chasely Circle

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Marketing Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.80

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95927

Amount of Each Receipt this Period

60.70

Receipt

Payroll Deduction: (30.35-  
/Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mary Jane Tew

Mailing Address 6315 Duffy Rd

City

Delaware

State

OH

Zip Code

43015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Customer Service Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95949

Amount of Each Receipt this Period

76.00

Receipt

Payroll Deduction: (38.00-  
/Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

212.70

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Carole Watkins

Mailing Address 1967 Woodlands Place

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Chief Human Resource Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95886

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Connie Woodburn

Mailing Address 9761 Erin Woods Dr

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Prof & Govt Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95848

Amount of Each Receipt this Period

270.00

Receipt

Payroll Deduction: (135.0-  
0/Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Brian Worth

Mailing Address 5654 Rothesay Drive

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Hr Business Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00408.C95919

Amount of Each Receipt this Period

50.00

Receipt

Payroll Deduction: (25.00-  
/Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

704.60

**TOTAL** This Period (last page this line number only) .....

8180.42

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Steve Austria for Congress

Mailing Address 217 3rd St SE

City  
WashingtonState  
DCZip Code  
20003-1904Purpose of Disbursement  
DIRECT CONTRIBUTIONCandidate Name  
STEVE C AUSTRIACategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 07

Transaction ID: 00511.E1294

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	0

Amount of Each Disbursement this Period

2000.00

DIRECT CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

Cantor For Congress

Mailing Address PO Box 21027

City  
WashingtonState  
DCZip Code  
20009-0527Purpose of Disbursement  
DIRECT CONTRIBUTIONCandidate Name  
ERIC CANTORCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 07

Transaction ID: 00511.E1291

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	0

Amount of Each Disbursement this Period

2500.00

DIRECT CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

Kind for Congress

Mailing Address PO Box 184

City  
La CrosseState  
WIZip Code  
54602-0184Purpose of Disbursement  
DIRECT CONTRIBUTIONCandidate Name  
RON KINDCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 03

Transaction ID: 00511.E1293

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	0

Amount of Each Disbursement this Period

2500.00

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) .....

7000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 30

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Stivers for Congress	<b>Transaction ID:</b> 00511.E1288 <b>Date of Disbursement</b>
Mailing Address 211 S. Fifth Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 6 / 2 0 1 0</div> </div>
City Columbus State OH Zip Code 43215-	Amount of Each Disbursement this Period <div>5000.00</div>
Purpose of Disbursement DIRECT CONTRIBUTION	<div>Category/Type</div>
Candidate Name STEVE STIVERS	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>DIRECT CONTRIBUTION</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Tiberi for Congress	<b>Transaction ID:</b> 00511.E1292 <b>Date of Disbursement</b>
Mailing Address 217 3rd St SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 7 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20003-1904	Amount of Each Disbursement this Period <div>5000.00</div>
Purpose of Disbursement DIRECT CONTRIBUTION	<div>Category/Type</div>
Candidate Name PATRICK J TIBERI	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>DIRECT CONTRIBUTION</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee	<b>Transaction ID:</b> 00511.E1295 <b>Date of Disbursement</b>
Mailing Address 6380 Wilshire Blvd. Suite 1612	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 7 / 2 0 1 0</div> </div>
City Los Angeles State CA Zip Code 90048-	Amount of Each Disbursement this Period <div>5000.00</div>
Purpose of Disbursement DIRECT CONTRIBUTION	<div>Category/Type</div>
Candidate Name HENRY A. WAXMAN	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>DIRECT CONTRIBUTION</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

22000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Cordray Committee

Mailing Address PO Box 1776

City  
ColumbusState  
OHZip Code  
43216-1776Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00511.E1287

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	0

Amount of Each Disbursement this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Karen Gillmor for Ohio

Mailing Address 517 Hedgegate North Ct

City  
TiffinState  
OHZip Code  
44883-3184Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00511.E1284

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Citizens for Cheryl Grossman

Mailing Address 3955 Brown Park Dr Ste A

City  
HilliardState  
OHZip Code  
43026-3137Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00511.E1283

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	0

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Friends of Heard

Mailing Address 87 S Hampton Rd

City  
Columbus

State  
OH

Zip Code  
43213-1606

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00511.E1290

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

Friends of Shannon Jones

Mailing Address 800 Valley View Point

City  
Springboro

State  
OH

Zip Code  
45066-

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00511.E1285

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Ohio House Democratic Caucus Fund

Mailing Address 340 E Fulton St

City  
Columbus

State  
OH

Zip Code  
43215-5418

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

ANNUAL/OTHER

**Transaction ID:** 00511.E1289

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**3000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.** Full Name (Last, First, Middle Initial)  
Committee to Elect Lynn Wachtmann

Mailing Address 550 Euclid Avenue

City Napoleon State OH Zip Code 43545-

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 00511.E1286

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

7000.00